

East Longmeadow Public Schools Policy for Management of Sports-Related Concussion

Medical management of sports-related concussion is essential. Research shows that young athletes, who return to play before the brain has healed, are highly vulnerable to more prolonged post-concussion syndrome. East Longmeadow Public Schools (ELPS) has established this policy to provide education about concussion for athletic department staff, other school personnel, the School Nurse, parents/guardians and athletes. The protocol and guidelines outline procedures that must be followed in the management of head injuries and what steps must be completed before the student/athlete may return to activity/play after concussion.

East Longmeadow Public Schools strives to provide a safe return to activity for all athletes after injury, particularly after concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in ensuring that concussed athletes are identified, removed from activity, treated and referred appropriately, receive appropriate follow-up care during the school day, including academic assistance, and are fully recovered prior to returning to activity.

The East Longmeadow Public Schools Athletic Training Staff, Athletic Director, Nursing Supervisor and School Nurse will review the protocol on a yearly basis. Any changes or modifications will be reviewed and given to athletic department staff and appropriate school personnel in writing. All athletic department staff will attend an annual mandatory in-service in which procedures for managing sports-related concussion are discussed. The protocol developed for managing a sports-related head injury or concussion addresses the following key components.

- I. Recognition of Concussion and Referral for Treatment
- II. Requirement of Annual Training
- III. Requirement for Neuropsychological Testing
- IV. Requirements of the Athletic Director (AD)
- V. Requirements of the Athletic Trainer (AT)
- VI. Requirements of the School Nurse
- VII. Requirements of Coaches
- VIII. Requirements of Parents/Guardians
- IX. Requirements of Athletes
- X. Requirements of Guidance Counselors/Teachers
- XI. East Longmeadow Public Schools (ELPS) Return to Play Protocol (RTP)
- XII. Second Impact Syndrome Definition
- XIII. Required Documentation of Head Injury and Concussion
- XIV. Required Forms, Educational Materials, Management of Concussions (Appendix I-XIII)

References:

- www.cdc.gov/concussion/headsup/high_school.html
- Department of Public Health 105 CMR 201.000: Head injuries & Concussions in Extracurricular Athlete Activities

**East Longmeadow Public Schools
Protocol for Managing Sports-Related Concussions**

I. Recognition of a Concussion and Referral for Treatment

When it comes to concussions, everyone should know about the possible dangers and remember that a concussion is a brain injury. If there is ever a doubt, sit them out and refer the student/athlete to an appropriate health care professional for an evaluation. Suspect a head injury or concussion when the student/athlete experiences a forceful bump, blow, or jolt to the head or body that results in rapid movement of the head and results in any change in the athlete's behavior, thinking or physical functioning.

- A. Call EMS (911) **immediately** if the student/athlete exhibits **any** of these danger signs after a suspected head injury or concussion, or if his/her condition worsens or deteriorates quickly. **Do not move** the student unless absolutely necessary.

Danger signs of a concussion:

- Loss of consciousness (LOC), of any length of time
- Drowsy and cannot be awakened
- Headache worsens and does not resolve
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Increasingly confused, restless, agitated
- Unusual behavior or personality changes

- B. Any student/athlete with a **witnessed** loss of consciousness (LOC) of any duration should be transported immediately to the nearest Emergency Department (ED) **via ambulance**.
- C. Any student/athlete who **has symptoms but stable** (student/athlete's condition does not appear to be worsening or deteriorating), may be transported by his/her parent/guardian. The parent/guardian should be advised to contact the student/athlete's health care provider or seek care at the nearest ED **on the day of the injury**. Even if you feel it is not necessary, always give the parent/guardian the option of emergency transportation.

Observations of athlete:

- Athlete appears dazed or stunned
- Confusion (about plays, assignment, etc.)
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems

- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after hit
- Loss of consciousness (any duration)

Symptoms reported by athlete:

- Headache
- Dizziness
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels “foggy”
- Problems concentrating & problems remembering

These signs and symptoms are indicative of a probable concussion. Other causes for symptoms should also be considered and ruled out.

Cognitive Symptoms (altered or diminished cognitive function):

- Appears dazed/confused
- Confused about assignments
- Forgets plays
- Unsure of game/score/opponent
- Appears clumsy
- Answers slowly
- Shows behavior/personality changes
- Cannot recall prior events
- Cannot recall events after injury

- D. The Athletic Trainer should assess the athlete by using the *Concussion Signs & Symptoms Checklist* or the CDC palm card for the Management of Concussions and follow the ELPS concussion protocol. The AT should, also, complete the DPH Report of Head Injury During the Sports Season form and the ELPS accident report and forward to the school nurse as soon as possible.

If there is no AT available, Coaches should complete the following forms: *ELPS Head Injury Notification and Protocol*, the *DPH Report of Head Injury During Sports Season*, and the *ELPS Accident Report*, and follow the ELPS concussion protocol.

1. Notify parent/guardian as soon as possible
2. Provide concussion information to the parent/guardian.
3. Instruct the parent/guardian to have the athlete evaluated by a health care provider and bring the *ELPS Head Injury Notification and Protocol* form.

II. Annual Training Requirements

The Commonwealth of Massachusetts requires annual safety training on prevention, identification and management of a sports-related injury including head trauma and second impact syndrome for designated school personnel as well as parents/guardians of children who participate in any extracurricular athletic activity. This annual training shall be required for the ELHS Athletic Director (AD), Athletic Trainer (AT), Coaches, School Nurse, Marching Band Director, parents/guardians and athletes. The annual concussion training must be DPH approved.

- A. The AD, AT, Coaches, and School Nurse at ELHS **must** annually complete an online course called ***Concussion in Sports: What you Need to Know***, which is offered by the National Federation of State High School Associations (NFHS), free of charge or the CDC free online training. A certificate of completion must be submitted to the AD annually. This link can be found on the East Longmeadow High School (ELHS) Athletic website under “other information.”
- B. Every year, student athletes and their parents will be responsible for reading a fact sheet, ***Heads Up: Concussion In High School Sports: A Fact Sheet For Parents*** and ***Heads Up: Concussion In High School Sports: A Fact Sheet For Athletes***, on Family ID. The parent/guardian and athlete **must** complete the ELPS ***Pre-participation Head Injury/Concussion Reporting Form for Extracurricular Activities***, on Family ID, acknowledging that they received the concussion information and understand they are responsible for reporting any head injuries to the School Nurse, AD, AT, Coach as soon as possible. The MIAA form will be completed and signed by both the athlete and the parent/guardian every sport season. This will serve as signatures required acknowledging that the parent and athlete read the concussion information and understand their responsibilities outlined in the protocol.
- C. The training materials are available on the ELHS athletics link and the ELHS School Nurse’s link. Hard copies are available in the AD office, the School Nurse’s office and on the district website under “Health Services Link”
- D. The ELHS Athletic Director is responsible for ensuring that the training requirements for the AT, the School Nurse, the parents/guardians and the athletes are met, recorded and records are maintained.
- E. While not required by the DPH, East Longmeadow Public Schools offers this training to Administrators, Guidance Counselors, authorized school personnel, other School Nurses in the district, and Health Secretaries.

III. Neuropsychological testing requirements

Concussion Vital Signs is a computer program that evaluates multiple aspects of neurocognitive function, including memory, attention, brain-processing speed, reaction time, and post-concussion symptoms. This testing is utilized to help determine recovery after a concussion.

- A. Athletes at East Longmeadow High School will take the baseline *Concussion Vital Signs* computer test, **prior** to participation in high school athletics. This test will be administered to athletes in grades **9** and **11** and any other student participating in high school sports who has not had a valid baseline test. Parental/guardian permission is needed **prior** to the administration of the testing. The Athletic Trainer (AT) and the Coach will coordinate the testing sessions. The computer testing may be waived for a student at the discretion of the AD, AT or the School Nurse, provided that the student/athlete is able to demonstrate to the AT/School Nurse a thorough understanding of the head injury information and protocol.
- B. *Concussion Vital Signs* testing will be administered after a concussion and must meet the requirements of the AT/school nurse. This post-concussion testing aids in the progression of an athlete's safe return to full participation in sports. Results of the post-concussion test will be shared with the health care professional, upon request of the parent/guardian. The *Concussion Vital Signs* testing is one component of the return to play management plan and will not be used as the sole criteria for medical clearance.

IV. Requirements of the Athletic Director (AD)

The East Longmeadow Public School District has designated its Athletic Director to oversee the implementation of the policy and protocols governing the prevention and management of Sports-related head injuries. This will include: 1) supporting and enforcing the protocols, documentation, required training and reporting, 2) ensuring that all documentation is in place and 3) reviewing and updating the policy or protocol at least every two years and revising the code of conduct, as needed.

- A. The AD must complete the annual online educational training on concussions and print a certificate of completion and keep a copy on file.
- B. Participate in the development and review of the policy and procedures, every two years, as required by CMR 105 201.006 for the prevention and management of sports-related head injuries within ELHS.
- C. Ensure that all Coaches, Athletic Trainer, School Nurse, and Volunteers have completed the annual training requirements and have a current proof of completion on file in the Athletic Office, prior to beginning their coaching assignment for the season.
- D. Ensure that all students and parents have been educated annually about concussions, including signs and symptoms, treatment, return to play protocol and second impact syndrome.
- E. Collaborate with the Athletic Trainer and the School Nurse to ensure that all athletes have completed and submitted a current physical examination. The Pre-participation Concussion information will be completed by each parent/guardian and athletes with a history of head injury will be individually addressed by the school nurse/AT on a case by

case basis. This form must be completed as part of registration, prior to participation in athletics. The School Nurse will contact the physician if medically necessary.

- F. Ensure that all athletes, participating in sports, have a **valid** baseline test on file **prior** to beginning practice or play, **unless** the parent/guardian has refused consent or it has been waived for a student, at the discretion of the AT/school nurse.
- G. Ensure that all pre-participation information is reviewed. The School Nurse will disseminate the information to Coaches, as needed.
- H. Discourage and prohibit student athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of a student, including using a helmet or any other sports equipment as a weapon.
- I. Report annual statistics to DPH. Statistics will include at a minimum: the total number of DPH *Report of Head Injury During Sports Season* forms received by the school and the total number of students who incur head injuries and suspected concussions during extra-curricular athletic activities.

V. Requirements of the Athletic Trainer (AT)

- A. The AT must complete the annual online training, or its equivalence, regarding concussions and provide proof to the AD.
- B. Participate in the development and review of the policy and procedure every two years as required by CMR 105 201.006 for the prevention and management of sports-related head injuries within ELHS.
- C. The AT/AD is responsible for scheduling and administering the baseline testing with athletes, **prior** to their participation in practice or play.
- D. Collaborate with the School Nurse **prior** to the sports season, regarding information submitted on the pre-participation and report of head injuries forms that indicate a history of head injury.
- E. The AT will assess **all** suspected head injuries and concussions or provide guidance to the Coach, if unable to personally tend to the athlete. The AT may be contacted for advice/instruction.
- F. The AT will evaluate the athlete using the CDC palm card for the Management of Concussions or the Center for Disease Control's (CDC) *Concussion Signs and Symptoms Checklist* and complete the *DPH Report of Head Injury during Sports Season form* and the *ELPS Accident form* as soon as possible and submit to the School Nurse.
- G. An immediate referral will be made to **EMS (911)**, when medically appropriate (danger signs observed or condition of student is deteriorating) or referral to the athlete's primary care physician. The athlete will only be moved if absolutely necessary.

- H. Call EMS (911) **immediately** if the student/athlete exhibits **any** of these danger signs after a suspected head injury or concussion, or if his/her condition worsens or deteriorates quickly. **Do not move** the student unless absolutely necessary.

Danger signs of a concussion:

- Loss of consciousness (LOC), of any length of time
- Drowsy and cannot be awakened
- Headache worsens and does not resolve
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Increasingly confused, restless, agitated
- Unusual behavior or personality changes

Any student/athlete with a **witnessed** loss of consciousness (LOC) of any duration should be transported immediately to the nearest Emergency Department (ED) **via ambulance**.

- I. The Athletic Trainer will notify the athlete's parents/guardians, immediately, and will provide verbal and written information regarding concussions. Parents will be instructed to bring the signs & symptoms checklist with them to the medical evaluation.
- J. The AT will notify the School Nurse of the injury as soon as possible, so the appropriate follow-up can be initiated upon the athlete's return and the AT will collaborate with the School Nurse for the duration of care.
- K. Once the athlete is free from symptoms for 24 hours, the AT, or designee, will administer the post-concussion test. When the post-concussion results meet the requirements, the athlete may begin the return to play protocol, with signed approval from the treating physician, under the AT's supervision.
- L. The AT will review the post-concussion data with the athlete and the athlete's parents/guardians. Test results will be forwarded to the School Nurse for review and consultation.
- M. The AT will forward testing results to the athlete's treating physician, upon request of the parent/guardian.
- N. The AT or the athlete's parents/guardians may request that a neuropsychological consultant review the test data and the parent/guardian will be responsible for charges associated with the consultation.
- O. The AT is responsible for monitoring recovery and coordinating the appropriate return to play (RTP) activity progression. If the AT is not available to directly supervise the athlete with RTP activities, the School Nurse will collaborate with the Coach/Physical Education

(PE) staff to monitor the gradual RTP protocol. Coaches may be involved in RTP protocol under the guidance/supervision of the AT or School Nurse.

- P. The AT will maintain appropriate documentation regarding assessment and management of the injury. Once the six day gradual RTP protocol is successfully completed by the athlete, the AT will forward the *DPH Post Sports-Related Head Injury Medical Clearance and Authorization Form* to the primary health care professional or the health care professional managing the athlete's care.

VI. Requirements of the School Nurse

- A. Complete the annual educational training on concussions and submit a certificate of completion to the Athletic Office.
- B. Participate in the development and review of the policies and procedures every two years, as required, by 105 CMR 201.006 for the prevention and management of sports-related head injuries within ELHS.
- C. Collaborate with the AT **prior** to the sports season, regarding information submitted on the pre-participation and report of head injuries forms that indicate a history of head injury.
- D. Maintain **required** sports-related concussion forms in the student health record or in an accessible, confidential area.
- E. Collaborate with appropriate staff regarding the re-entry plan for students who have been diagnosed with a concussion, when necessary, sharing any academic accommodations or physical activity. The goal is for the student to safely return to full academics and physical exertional activities.
- F. Provide educational materials to authorized school personnel about concussions and what symptoms and behaviors **must** be reported immediately to the School Nurse.
- G. Provide ongoing educational materials on head injury and concussion to parents/guardians, students, and authorized school personnel.

VII. Requirements of Coaches

- A. Complete the annual educational training on concussions and submit proof of completion to the Athletic Office.
- B. The AT/AD is responsible for scheduling and conducting the baseline *Concussion Vital Signs* testing for athletes who require a valid test.
- C. All Coaches will teach techniques aimed at minimizing sports-related head injury. Coaches will discourage and prohibit student athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of a student, including using a helmet or any other sports equipment as a weapon.

- D. Coaches will promote a positive climate that encourages athletes to report any head injuries that he/she experiences or that his/her teammates experience.
- E. All Coaches **need** to recognize the signs and symptoms of concussion as described in Section I. Coaches must **remove** any athlete with suspected concussion from play and immediately **refer** him/her to the AT for evaluation. The ELPS AT is available via phone for guidance or instructions or the coach should consult with the host AT for an away game, if available.
- F. If the AT is not available, the Coach will observe for any signs and symptoms of a head injury or concussion and fill out the *ELPS Head Injury Incident Notification and Protocol* form. When in doubt, sit them out.
- G. The Coach will notify the parent/guardian immediately, in person or by phone. Written documentation and concussion information **must** be provided to the parent/guardian with instructions to have the athlete evaluated by a health care professional as soon as possible. Ensure that the parent/guardian bring the *ELPS Head Injury Incident Notification and Protocol* form to the medical evaluation. If no AT available, the coach must fill out the ELPS Student Accident Report and forward to the AT/Nurse within 48 hours. If any of the **danger signs** are observed (in Section I of this protocol) or the athlete's condition seems to be deteriorating, **EMS (911) must** be called immediately. The athlete **should not** be moved unless absolutely necessary.

Danger signs of a concussion:

- Loss of consciousness (LOC), of any length of time
 - Drowsy and cannot be awakened
 - Headache worsens and does not resolve
 - Weakness, numbness or decreased coordination
 - Repeated vomiting or nausea
 - Slurred speech
 - Convulsions or seizures
 - Cannot recognize people or places
 - Increasingly confused, restless, agitated
 - Unusual behavior or personality changes
- H. Any student/athlete with a **witnessed** loss of consciousness (LOC) of any duration should be transported immediately to the nearest Emergency Department (ED) **via ambulance**.
- I. In the event that an athlete's parent/guardian **cannot** be reached, and the athlete is able to be sent home (rather than directly to the MD or ED) the Coach should ensure that the athlete will be with a responsible individual, before allowing the athlete to go home. The Coach should continue to try and reach the parent/guardian.
- J. If there is any question of the status of the athlete or the athlete is not able to be monitored appropriately, the athlete should be referred to the ED for evaluation. A Coach or designee should accompany the athlete and remain with him/her until the

parent/guardian arrives. Any athlete with suspected head injuries should not be permitted to drive home.

- K. Any student, who has **symptoms but is stable**, may be transported by his/her parent/guardian. The parent/guardian should be advised to contact the health care provider or seek care at the nearest ED, **on the day of the injury**. Even if you feel it is not necessary, always give the parent/guardian the option for emergency transportation.
- L. Coaches **must** fill out the **Report of Head Injury Form** and the **ELPS accident report**, in detail and completely, and submit to the AT/school nurse, as soon as possible. Within **72 hours**, the report must have been signed by Administration, the School Nurse, the Director of Student Services and the Nursing Supervisor.
- M. The Coach will partner with the AT to ensure the gradual return to play is completed before full participation in sports. The Coach, under the AT's supervision, may need to monitor the appropriate daily activity permitted by the AT, if the AT is off site or not present during the practice or activity. Coaches **must** report any symptoms the athlete experiences during the RTP activity to the AT /School Nurse, as soon as possible. The AT/School Nurse and the student will sign off on daily activities and decide what activity is permitted the following day, if no symptoms were observed or reported.

VIII. Requirements of Parents/Guardians

- A. Complete the **required ELPS Pre-participation Head Injury/Concussion Reporting Form for Extracurricular Activities** accurately on Family ID, **prior** to the start of each season that a student plans to participate in an extracurricular athletic activity (Fall, Winter, Spring). If **required** forms are not completed, your child **will not** be able to participate in any practices or play. Complete MIAA forms for each sport season and sign and date. This signature will fill the requirement of parents/athletes attesting to reading, understanding and agreeing to the follow ELPS policy and protocols regarding concussion management and know their responsibilities.
- B. **Must** inform School Nurse, AT, and Coach, as soon as possible, if student sustains a concussion outside of school hours and complete the *Report of Head Injury during Sports Season* form (available on ELHS Nurses' website) and submit to the School Nurse or AT.
- C. Annual concussion education will be provided through materials on line. Information will include recognizing the signs and symptoms of concussion, second impact syndrome and return to play requirements. Concussion information can be viewed on the ELHS website under athletics, under the School Nurse link, and also in the student handbook. Hard copy concussion information is available in the ELHS Health Office and the AD's Office.
- D. Provide consent for your child to complete the *Concussion Vital Signs* computer testing and to share results with the health care provider, as necessary.

- E. Watch for changes in your child that may indicate that he/she has a concussion or symptoms that are worsening and report to your health care provider and the School Nurse, AT or Coach.
- Loss of consciousness
 - Headache
 - Dizziness
 - Sensitivity to light/sounds
 - Lethargy
 - Difficulty concentrating
 - Balance problems
 - Hesitation in answering questions
 - Difficulty recalling events
 - Repeating questions
 - Irritability
 - Sadness
 - Emotionality
 - Nervousness
 - Difficulty sleeping
- F. Ensure your child follows concussion protocol, and adherence to healthcare provider's recommendations (school attendance, rest, activities, electronic usage).
- G. Reinforce recovery plan.
- H. Maintain communication with your child's Guidance Counselor, Teachers, and School Nurse regarding the need for any modifications in academics or activities. If possible, communication via email is encouraged.
- I. Observe and monitor your child for any physical or emotional changes.
- J. Recognize your child **cannot** be medically cleared to return to sports unless an approved health care professional clears him/her **and** the six step RTP is completed.

IX. Requirements of the Student/Athlete

- A. Complete a valid baseline test, **prior** to participation in sports.
- B. Complete **required** *Pre-participation Head Injury/Concussion Reporting Form for Extracurricular Activities, on Family ID*, prior to participation in athletics for each season or you **will not** be cleared to begin practice or play. An annual physical (within 13 months), must also be submitted to the School Nurse or on file in the health room prior to participating in athletics. Completed MIAA form will be signed and dated by you and your parent/guardian for each sports season and given to the school nurse. The signatures will meet the requirement attesting that both the athlete and the parent have received

concussion information and will follow the ELPS policy and protocol for the management of concussions.

- C. Report any concussion symptoms to AT, Coach, or School Nurse.
 - D. Report any concussion symptoms of teammates to AT, Coach, or School Nurse.
 - E. Follow recovery plan and RTP activities protocol.
 - F. Report to Teachers, Guidance Counselor, or School Nurse if you are experiencing difficulty with your class work.
 - G. Begin gradual RTP **only** when cleared by Physician and School Nurse.
 - H. Recognize that per ELPS protocol, once you are symptom free for 24 hours, a post-concussion test will be administered. Once the post-concussion test has been completed and meets requirements and the physician managing your concussion has approved that you begin the RTP protocol, you may start the ELPS six-step gradual RTP protocol, under the supervision of the AT or designee.
 - I. Once the gradual RTP protocol is completed, and you are cleared by the physician or certified AT in consultation with the physician, you may return to full participation in sports/activities.
- X. Requirements of the Guidance Counselor/Teachers**
- A. **All ELHS staff will receive information on concussions via email, at the beginning of the school year.** Once informed about a student's concussion, collaborate with the parent and School Nurse to determine if any accommodations are needed for academics or standardized testing.
 - B. Collaborate with authorized school personnel. Monitor the graduated re-entry plan to full academics.
 - C. Observe student for **any** post-concussion signs, symptoms, or any behavioral or personality changes and report to the School Nurse **immediately**.

Signs and Symptoms of Concussion that may be observed in the classroom:

- Difficulty following directions or appears disorganized.
- Falling grades.
- Homework not done or below student's usual level.
- Repetitive questions due to difficulty remembering information.
- Student appears sleepy, exhausted.
- Distracted, zoned out, inattentive.
- Emotional, sad, irritable, defiant, inappropriate.

- Decreased processing speed.
- D. Keep parents informed of the student's academic status and daily activities.
- E. Physical Education (PE) staff **must** collaborate with the AT/School Nurse regarding activities permitted or restricted. The gradual return to play for physical education class should mirror the gradual return to activities for sports. Follow gradual return to play/activities check off sheet, with instructions from the AT/School Nurse and sign off on activities you have monitored. Immediately report **any** symptoms the athlete experiences to the School Nurse. **PE staff will complete the free on line training regarding concussions and submit the certificate to the AD annually.**
- F. If post-concussion symptoms persist, the team may need to consider a 504 or IEP. **All students recovering from a concussion will need a written graduated reentry plan, as described under DPH regulation 105 CMR 201.010. These students should receive instructional accommodations and modifications for routine classroom work and classroom assessments, as described in their reentry plan. In addition, to be eligible to receive accommodations on statewide assessments (e.g., MCAS tests), the student will also need either a 504 plan or an Individualized Education Program (IEP).**

XI. ELPS Return To Play Protocol Following Concussion

- A. If a head injury is suspected, returning to participation on the same day of injury is **NOT ALLOWED.**

As previously discussed in this protocol, a student/athlete who exhibits any signs or symptoms of concussion or has abnormal cognitive results, **should not** be permitted to return to play on the same day of injury. Any athlete, who denies symptoms but has an abnormal cognitive evaluation, must not return to the activity. "When in doubt, sit them out!"

- B. Return to play after concussion

1. The athlete must meet **all of the following criteria** in order to progress to activity:
 - The *ELPS Post Sports-Related Head Injury Medical Clearance and Authorization Form* completed by their Health Care Provider (athlete must be cleared for progression to activity by a physician other than an Emergency Department physician).
 - Athlete has been symptom free for 24 hours.

- Athlete is asymptomatic at rest **and** exertion (including mental exertion with work load)
 - Athlete has completed the requirements of the post-concussion test.
2. Once the above criteria are met, the student/athlete will be progressed back to full activity following the six-day *ELPS Return to Play Protocol Following Concussion*, under the supervision of the AT/designee.
 3. Progression will be determined on an individualized basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport should be progressed more slowly.
 4. Six day: **ELPS Return to Play Protocol Following Concussion**
 - Day 1: Fast walk or stationary bike workout for 15 to 20 minutes.
 - Day 2: Jogging or running for 20 minutes.
 - Day 3: Non-contact sport related training drills and conditioning.
 - Day 4: Full participation in practice without contact.
 - Day 5: Full participation in practice.
 - Day 6: Return to game play.

If the athlete experiences post-concussion symptoms during any phase of the six day protocol, the athlete should drop back to the previous symptom-free level and resume the progression after 24 hours.

5. The AT and the athlete will discuss appropriate activities for the day. The athlete will be given verbal and written instructions regarding permitted activities. The AT/Coach and athlete will each sign these instructions. One copy of this is for the athlete to give to the Coach and one will be maintained by the AT.
6. The athlete should see the AT daily for re-assessment and instructions until he or she has progressed to unrestricted activity and has been given a written report.
7. If an athlete sustains a **second** concussion in the same season, he/she must be evaluated and medically cleared by the PCP or a health care provider managing the athletes' care, before he/she can return to sports. The school physician may be consulted for further additional evaluation or recommendations.

XII. Definition of Second Impact Syndrome

Second impact syndrome is a serious medical emergency and a result of an individual returning to activity too soon following a concussion. Second impact syndrome occurs because of rapid brain swelling and herniation of the brain after a second head injury that occurs before the symptoms of a previous head injury

have been resolved. The best way to prevent second impact syndrome is to not return to play or activity until the individual is asymptomatic and medically cleared by an appropriate health care professional.

XIII. Required Documentation of Head Injury and Concussion

A. At or before the start of each sport, all students must complete on Family ID or submit to the AD/School Nurse, the following forms:

1. *ELPS Pre-participation Head Injury/Concussion Reporting Form For Extracurricular Activities* (Fall, Winter, Spring on Family ID)
2. Emergency Information and Consent to participate form (Fall, Winter, Spring on Family ID)
3. Have a valid baseline concussion test on file.
4. Complete MIAA Recommended Sports Candidate Medical Questionnaire (for each sports season) signed and dated by athlete and parent/guardian and submitted to school nurse.
5. Physical examination (every 13 months) - submitted to school nurse.

All completed forms will be reviewed and kept on file in the AT office or designated area.

- B. All forms showing a history of concussion must be submitted to the School Nurse/AT by the AD, prior to participation in sports.
- C. The *Report of Head Injury During Sports Season* form must be completed by the Coach/AT, if the injury or suspected concussion occurs during a game or practice or by a parent if the injury occurs outside of those settings, and forwarded to the AT or School Nurse for review.
- D. The school, consistent with any applicable state and federal law, shall maintain the required documentation for three years, or at a minimum, until the student graduates:
- E. The AD shall make the required documentation available to the Department of Public Health (DPH) and the Department of Elementary and Secondary Education (DESE), upon request or in connection with any inspection or program review.

XIV. Required Forms, Educational Materials, Management of Concussions

On Family ID	<i>ELPS Pre-participation Head Injury/Concussion Reporting Form for Extracurricular Activities (must be completed on Family ID each season)</i>
On Family ID	<i>Heads Up: Concussion in High School Sports: A Fact Sheet for Parents</i>
On Family ID	<i>Heads Up: Concussion in High School Sports: A Fact Sheet for Athletes</i>
Appendix I	<i>DPH Report of Head Injury during Sports Season (page 17)</i>

<i>Appendix II</i>	<i>MIAA Form filled out each season (page 18)</i>
<i>Appendix III</i>	<i>MIAA form Part B: Physical Exam Form (page 19)</i>
<i>Appendix IV</i>	<i>ELPS Post Sports-Related Head Injury Medical Clearance Form- Revised 9-2015 (pages 20 & 21)</i>
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<i>Appendix VI</i>	<i>ELHS Gradual Return to Play Protocol Worksheet- Revised 9-2015 (page 23)</i>
<i>Appendix VII</i>	<i>ELPS Gradual Return to Play Protocol for the Non-athlete- (page 24)</i>
<i>Appendix VIII</i>	<i>DPH Post Sports-Related Head Injury Medical Clearance Form- 2015 (Page 25)</i>
<i>Appendix IX</i>	<i>Concussion Signs and Symptoms Checklist for AT (pages 25 & 26)</i>
<i>Appendix X</i>	<i>CDC Palm card for Management of Concussions for AT (page 27)</i>
<i>Appendix XI</i>	<i>ELHS Sports Clearance Guidelines- Revised 9-2015 (pages 28 & 29)</i>
<i>Appendix XII</i>	<i>Facts on Concussions for Teachers/Staff/Counselors (pages 30- 34)</i>



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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**REPORT OF HEAD INJURY DURING
SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a *possible* concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes ____ no ____

If yes, was a concussion diagnosed? yes ____ no ____

**I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS
ARE COMPLETE AND CORRECT.**

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



MIAA RECOMMENDED SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

PART A ~ HISTORY

DATE of EXAM _____

Student's Name _____	Sex _____	Age _____	Date of Birth _____
Grade _____	School _____	Sport(s) _____	
Address _____		Tel _____	
Physician _____		Tel _____	

IN CASE OF AN EMERGENCY, CONTACT:

Name _____ Relationship _____ Tel (H) _____ (W) _____

EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a missing or diseased paired organ?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate box and explain below:</i>		
8. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
9. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
10. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
11. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
12. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
13. Have you ever had racing of your heart or skipped heartbeat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/>	<input type="checkbox"/> Foot
14. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	39. Record the dates of your most recent immunizations (shots) for:		
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____	Measles _____	
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____	Chickenpox _____	
20. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY:		
21. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	40. When was your first menstrual period? _____		
22. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	41. When was your most recent menstrual period? _____		
23. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	42. How much time do you usually have from the start of one period to the start of another? _____		
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	43. How many periods have you had in the last year? _____		
25. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	44. What was the longest time between periods in the last year? _____		
26. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____		
27. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
28. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
29. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Signature of Athlete/Date _____ Signature of Parent-Guardian/Date _____

~ OVER ~

Published: July 1, 2001

Revised 8/21/09

PART B ~ PHYSICAL EXAMINATION**Date of Exam** _____STUDENT (*Please print*) _____ Date of Birth _____Height _____ Weight _____ % Body Fat (*optional*) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

Eyes: R20/ _____ L20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

PART C ~ CLEARANCE☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: _____☐ Not cleared for: _____ Reason: _____**Date of Exam** _____Name of physician (*Please print*): _____

Signature of physician: _____ Date: _____

Address: _____ Tel: _____

Published: July 1, 2001

Revised 6/14/01

East Longmeadow Public Schools
Department of Health Services

**POST SPORTS-RELATED HEAD INJURY
MEDICAL CLEARANCE FORM REVISED 9-25-15**

After a head injury or suspected concussion and before resuming the extracurricular athletic activity, the student shall submit this form to the school nurse. ***The student must be completely symptom free prior to returning to extracurricular athletic activities.*** This form may be completed by: a physician; a nurse practitioner or a neuropsychologist in coordination with the physician managing the student's recovery.

Student name: _____ Date of Birth: _____ Sex: _____

Sport: _____ Grade _____

The following section will be completed by the school nurse or athletic trainer:

Date of injury: _____

Description of injury: _____

The following symptoms were reported by the student and/or observed by staff (coach, nurse, AT):

Nausea or vomiting _____ Headaches _____ Light/noise sensitivity _____

Dizziness/Balance problems _____ Double/blurred vision _____ Fatigue _____

Feeling sluggish/"in a fog" _____ Change in sleep patterns _____ Memory problems _____

Difficulty concentrating _____ Irritability/Emotional ups and downs _____

Withdrawn _____ Other _____

Name: _____ Signature: _____ Date: _____

Circle one: school nurse, athletic trainer, coach

**Health Care Provider should complete the back of this form

The following sections should be completed by the student's Health Care Provider **Revised 9-25-15**

Diagnosis of Concussion? Yes _____ No _____

If concussion not diagnosed, please list other diagnosis: _____

The following are recommended at the present time (check all that applies):

_____ Do not return to school at this time; specify number of days recommended out of school: _____

_____ May return on this date: _____ Please list any restrictions or accommodations recommended: _____

_____ Do not return to PE class at this time

_____ Return to PE class. If any restrictions please list _____

_____ Do not return to sport practices/games at this time

_____ May return to sports activities beginning with the following gradual return to play protocol (provided the student is free of symptoms for at least 24 hours):

Day 1: Fast walk or stationary bike work out for 15 to 20 minutes

Day 2: Jogging or running for 20 minutes

Day 3: Non contact sport-related drills and conditioning

Day 4: Full participation in practice without contact

Day 5: Full participation in practice

Day 6: Return to full game play

**If symptoms return at any step, activity for that day will be stopped and the step will be repeated the next day.

_____ I give permission to the **Athletic Trainer** to clear a student to return to full extracurricular activities upon completion of this protocol.

Name of Health Care Provider (print) _____ Date: _____

Signature of Health Care Provider: _____

Physician ___ Nurse Practitioner* ___ Neuropsychologist* ___ Physician Assistant ___ Licensed AT

Address: _____

Phone: _____

Follow up appointment: _____

*Name of physician providing consultation or coordination

(If not the person completing this form): _____

I attest I have received clinical training in Post-Traumatic Head Injury Assessment and management approved by DPH or have received equivalent training as part of my Licensure or continuing education.

Practitioner's initials: _____ **Type of training:** _____ CDC online clinician training, _____ Other MDPH approved Clinical training, _____ other

Describe: _____

MDPH approved Clinical training options can be found at: www.mass.gov/dph/sports concussion.

This form is not complete without the practitioner's verification of such training.

East Longmeadow Public School

Return to Play Protocol Following Concussion

Following a concussion a “gradual return to play” protocol is very important. Once the athlete is symptom-free, post-concussion test results **meet ELPS requirements** and the physician provides medical clearance to return to sports, the athlete may begin the “gradual return to play” protocol. Exertion plays a significant role in concussion management. During the stages of this protocol, the athlete must be monitored for any symptoms. The current activity, must be discontinued if any symptoms appear. The following day, if symptoms have subsided, the athlete may resume activity at the last level that was completed without symptoms. When the athlete completes all six steps, they can be medically cleared to return to full activity.

Day 1: Fast walk or stationary bike work out for 15 to 20 minutes.

Day 2: Jogging or running for 20 minutes.

Day 3: Non-contact sport related drills and conditioning.

Day 4: Full participation in practice without contact.

Day 5: Full participation in practice.

Day 6: Return to game/play.

ELHS Gradual Return to Play Protocol (RTP) Worksheet Revised 9-25-15

When student is symptom-free and post-concussion test meets ELPS requirements and medical clearance from physician has been received, a gradual return to play/activity can be initiated. There should be 24 hrs. or longer in between each step. If any symptoms return during the activity, stop the work out. Rest for 24 hrs. until symptom- free. Return to previous symptom free step. If symptoms return or worsen, seek medical attention.

Step	Date	Activity	Tolerance/Comments	Signatures
#1. Light-General Conditioning Exercises (Goal: Increase HR)		Begin with sport specific warm up. Do 15-20 minute workout: stationary bike, fast paced walking or light jog.		AT/coach/ Physical Ed staff: _____ Student/athlete: _____ Date: _____
#2. Moderate-General conditioning and sport specific skill work; individually. (Goal: Add movement, individual skill work)		Sport specific warm up. Slow increase intensity and duration of workout 20 to 30 minutes. No spins, dives or jumps. Jogging or running for 20 minutes.		AT/coach/Physical Ed staff: _____ Student/athlete: _____ Date: _____
#3. Heavy- General conditioning, skill work; individually and with team mate. NO CONTACT (Goal: Add movement, team mate skill work)		Continue with individual work Begin skill work with a partner but NO CONTACT . Begin beginner level spins, dives, jumps.		AT/coach/Physical Ed staff: _____ Student/athlete: _____ Date: _____
#4. Heavy- General conditioning, skill work & Team drills. No live scrimmages. Full participation in practice without contact. (Goal: Team skill work)		Resume regular conditioning and duration of practice. Increase interval training and skill work as required. Gradually increase skill level of spins, dives, jumps. Review team plays with no contact.		AT/coach/Physical Ed Staff: _____ Student/athlete: _____ Date: _____
#5 Full participation in practice with contact.		Participate in full practice. If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next game.		AT/coach/Physical Ed staff: _____ Student/athlete: _____ Date: _____
#6 Return to game/play.				AT/coach/Physical Ed Staff: _____ Student/athlete: _____ Date: _____

Name _____ Date of injury _____ Sport _____ Date of RTP _____

East Longmeadow Public Schools
Return to Physical Activity (PE) Protocol for the Student Diagnosed with Concussion (Non-athlete)

Student name: _____ Grade: _____ DOB: _____ Date: _____

Date diagnosed with Concussion: _____ PCP/Physician managing concussion: _____

PCP Address: _____ Phone #: _____ Fax #: _____

Instructions/notes from PCP & Date: _____

Follow up appointment: _____

Further instructions from PCP: _____

Any restrictions regarding: PE/Recess/Activities Yes/No _____ Academics: Yes/No _____

Team meeting scheduled? Yes/No Participants: _____

Guidance Counselor: _____ Date Notified Guidance Counselor of diagnosis _____

Physical education teacher: _____ Block/Time/Day _____

Recess Yes/No Staff monitoring for recess: _____ Time of day: _____

Date Notified PE staff of diagnosis: _____ By whom: _____

Date to begin Return to Activities: _____ PE staff notified? Yes/No By whom: _____

Date: _____ How was PE staff notified? _____

Protocol for return to Physical Activities:

Step 1: Light/General Conditioning Exercise (Goal: to increase heart rate)

Example: 15 to 20 minutes of fast paced walking or a light jog.

Any symptoms observed or reported? Yes/No

Step 2: Moderate/General Conditioning Exercise (Goal: to add movement)

Example: jogging or running for 20 minutes.

Any symptoms observed or reported? Yes/No

Step 3: Heavy/General Conditioning Exercise: (Goal: to add movement & participate in class activities)

Example: Jog or run for 20 minutes and if no symptoms, join the class activities.

Any symptoms observed or reported? Yes/No

Step 4: Full class participation: (Goal: to return to full class activities)

Activities in class today: _____

Any symptoms observed/reported? Yes/No

Date student returned to full class participation: _____

Signature of PE staff: _____

Signature of student: _____

Returned form to school nurse: Yes/No

Date: _____



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

**POST SPORTS-RELATED HEAD INJURY
MEDICAL CLEARANCE AND
AUTHORIZATION FORM**

The student must be completely symptom free at rest, during exertion, and with cognitive activity prior to returning to full participation in extracurricular athletic activities. Do not complete this form until a graduated return to play plan has been completed and the student is found to be symptom free at rest, during exertion and with cognitive activity.

Student's Name	Sex	Date of Birth	Grade
----------------	-----	---------------	-------

Date of injury: _____ Nature and extent of injury: _____

Symptoms following injury (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Light/noise sensitivity |
| <input type="checkbox"/> Dizziness/balance problems | <input type="checkbox"/> Double/blurred vision | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Feeling sluggish/"in a fog" | <input type="checkbox"/> Change in sleep patterns | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Irritability/emotional ups and downs | <input type="checkbox"/> Sad or withdrawn |
| <input type="checkbox"/> Other _____ | | |

Duration of Symptom(s): _____ Diagnosis: ☐ Concussion ☐ Other: _____

If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: _____

Prior concussions (number, approximate dates): _____

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY

Practitioner signature: _____ Date: _____

Print Name: _____

☐ Physician ☐ Licensed Athletic Trainer ☐ Nurse Practitioner ☐ Neuropsychologist ☐ Physician Assistant

License Number: _____

Address: _____ Phone number: _____

Name of Physician providing consultation/coordination/supervision (if not person completing this form; please print): _____

I ATTEST THAT I HAVE RECEIVED CLINICAL TRAINING IN POST-TRAUMATIC HEAD INJURY ASSESSMENT AND MANAGEMENT APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH* OR HAVE RECEIVED EQUIVALENT TRAINING AS PART OF MY LICENSURE OR CONTINUING EDUCATION.

Practitioner's initials: _____

Type of Training: ☐ CDC on-line clinician training ☐ Other MDPH approved Clinical Training ☐ Other

(Describe) _____

* MDPH approved Clinical Training options can be found at: [www.mass.gov/dph/sports concussion](http://www.mass.gov/dph/sports%20concussion)

This form is not complete without the practitioner's verification of such training.

Concussion Signs and Symptoms Checklist



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion.
Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES <small>Just prior to leaving</small>
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

—More

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- ☐ One pupil (the black part in the middle of the eye) larger than the other
- ☐ Drowsiness or cannot be awakened
- ☐ A headache that gets worse and does not go away
- ☐ Weakness, numbness, or decreased coordination
- ☐ Repeated vomiting or nausea
- ☐ Slurred speech
- ☐ Convulsions or seizures
- ☐ Difficulty recognizing people or places
- ☐ Increasing confusion, restlessness, or agitation
- ☐ Unusual behavior
- ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- ☐ Student returned to class
- ☐ Student sent home
- ☐ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

For more information on concussion and to order additional materials for school professionals FREE-OF-CHARGE, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



**The SCAT Card (Sport Concussion Assessment Tool)
Medical Evaluation**

Name: _____ Date: _____

Sport/Team: _____ Mouth guard? Y N

1) SIGNS

Was there loss of consciousness/unresponsiveness? Y N
Was there seizure or convulsive activity? Y N
Was there a balance problem / unsteadiness? Y N

2) MEMORY

Modified Maddocks questions (check if athlete answers correctly)

- At what venue are we? _____ Which half is it? _____
Who scored last? _____
- What team did we play last? _____: Did we win last game? _____

3) SYMPTOM SCORE

Total number of positive symptoms (from reverse side of the card) = _____

4) COGNITIVE ASSESSMENT (5 word recall)

	(Examples)	Immediate	Delayed
Word 1	cat	_____	_____
Word 2	pen	_____	_____
Word 3	shoe	_____	_____
Word 4	book	_____	_____
Word 5	car	_____	_____

Months in reverse order:

Jun-May-Apr-Mar-Feb-Jan-Dec-Nov-Oct-Sep-Aug-Jul

Digits Backwards (check correct)

5-2-8	3-9-1	_____
6-2-9-4	4-3-7-1	_____
8-3-2-7-9	1-4-9-3-6	_____
7-3-9-1-4-2	5-1-8-4-6-8	_____

Ask delayed 5-word recall now

5) NEUROLOGIC SCREENING

	Pass	Fail
Speech	_____	_____
Eye Motion and Pupils	_____	_____
Pronator Drift	_____	_____
Gait Assessment	_____	_____

Any neurologic screen abnormality necessitates formal neurologic or hospital assessment

RETURN TO PLAY

Athletes should not be returned to play the same day of injury. When returning athletes to play they should follow a stepwise symptom-limited program, with stages of progression. For example:

1. rest until asymptomatic (physical and mental rest)
2. light aerobic exercise (e.g. stationary cycle)
3. sport-specific training
4. non-contact training drills (start light resistance training)
5. full contact training after medical clearance
6. return to competition (game play)

There should be approximately 24 hours (or longer) for each stage and the athlete should return to stage 1 if symptoms recur. Resistance training should only be added in the later stages. Medical clearance should be given before return to play.

Instructions:

The side of the card is for the use of medical doctors, physical therapists, or athletic therapists. In order to maximize the information gathered from the card, it is strongly suggested that all athletes participating in contact sports complete a baseline evaluation prior to the beginning of their competitive season. This card is a suggested guide only for sports concussion and is not meant to assess more severe forms of brain injury. **Please give a COPY of this card to the athlete for their information and to guide follow up assessment.**

Signs:

Assess for each of these items and circle Y (yes) or N (no).

Memory:

Select any 5 words (an example is given). Avoid choosing related words such as "dark" and "moon" which can be recalled by means of word association. Read each word at a rate of one word per second. The athlete should not be informed of the delayed testing of memory (to be done after the reverse months and/or digits). Choose a different set of words each time you perform a follow-up exam with the same candidate.

Concentration / Attention:

Ask the athlete to recite the months of the year in reverse order, starting with a random month. Do not start with December or January. Circle any months not recited in the correct sequence. For digits backwards, if correct, go to the next string length. If correct, read trial 2. Stop after incorrect on both trials.

Neurologic Screening:

Trained medical personnel must administer this examination. These individuals might include medical doctors, physiotherapists or athletic therapists. Speech should be assessed for fluency and lack slurring. Eye motion should reveal no diplopia in any of the 4 planes of movement (vertical, horizontal and both diagonal planes). The pronator drift is performed by asking the patient to hold both arms in front of them, palms up, with eyes closed. A positive test is pronating the forearm, dropping the arm, or drift away from midline. For gait assessment ask the patient to walk away from you, turn and walk back.

Return to Play:

A structured, graded exertion protocol should be developed, individualized on the basis of sport, age, and the concussion history of the athlete. Exercise or training should be commenced only after the athlete is clearly asymptomatic with physical and cognitive rest. Final decision for clearance to return to competition should ideally be made by a medical doctor.

Notes:

East Longmeadow High School
Sports Clearance Guidelines

Revised 9-25-15

Students must have the following items in place in order to be cleared for a sport:

1. Physical exam that has been done within the last 13 months. Physicals are kept on file to be used for future sports clearances. Check with the health office or your pediatrician if you are unsure when your child's physical exam is due to expire.
2. Health history form (side A of MIAA form) completed and signed by parent/guardian and athlete. **A new form is required each sports season.** Make sure this form is filled out in ink, all questions have been answered, "yes" answers have been explained in area provided and that it is signed, or the student cannot participate in practice or games.
3. Completed registration on Family ID program (both parent and student).
This must be updated for each sports season.
4. Valid "baseline" test on Concussion Vital Signs program.

Students will be cleared for sports once the school nurse has received and reviewed all necessary paperwork and determined the student meets the criteria for sports clearance. Occasionally, more information from a parent or a physician may be required.

All paperwork should be turned into the health office **at least 1 week prior to the start of the season** to ensure clearances will be done by the first day of practice. For Fall Sports, all forms must be in by **August 1st or the student will not be able to participate on the first day of practice.**

If a student experiences a serious illness or injury once they have been cleared for a sport, they will need medical clearance to return to sports. This clearance can be provided by an MD, PA or NP. Examples of serious injuries would include those requiring a doctor's care/evaluation. Notes must be turned into the school nurse's office. If notes are brought in after regular school hours, students should show the note to the coach and/or athletic trainer. The note must be given to the school nurse the next school day. Parents should inform the school nurse and/or athletic trainer of any serious illness or injuries requiring medical care. Injuries involving concussions are handled according to the concussion policy/protocol (see reverse).

Students who have emergency medications, such as Epinephrine or Asthma inhalers, should have them accessible at all times during sports activities.

Please call the school nurse Tia Mazza, RN @ 525-5468 ext. 223, if you have any questions.

Completed forms and doctor's notes can be faxed directly to the health office @ 525-9781.

Tia Mazza, RN
School Nurse

Return to sports following concussion:

State regulations require that students who have been diagnosed with a concussion must have medical clearance to return to play. This clearance can only be provided after he or she completes a graduated return to play program and shows no recurrence of symptoms. The student's primary care provider or the physician who is managing the student's recovery must give permission in writing before the student can begin the return to play process. The process includes the following steps:

- 1) The student athlete must be symptom free for at least 24 hours at rest and with exertion.
- 2) The student will take the post injury test on Concussion Vital Signs. If the student does not meet the requirements after taking the post injury test, it is up to the discretion of the athletic trainer (following consultation with the school nurse) to refer back to the PCP for further assessment and instruction.
- 3) If the student meets the requirements after taking the post injury test, and the health professional has provided medical clearance, the student will begin the 6 step return to play protocol under the supervision of the athletic trainer/school personnel. At the end of this process the AT will complete the "Post Sports-Related Head Injury Medical Clearance and Authorization Form" required by the Massachusetts DPH. This completed form will be sent to the health care provider who authorized the start of the return to play protocol.
- 4) Sometimes circumstances may arise that require the return to play process to be done outside of school under the supervision of the PCP or the neuropsychologist who is managing the concussion. At the end of this process, the medical clearance form required by the Massachusetts DPH will be completed and submitted to the school nurse or AT. If the student has been referred to a concussion clinic or facility, any post-concussion testing will be done by the provider.
- 5) Most concussions will follow this basic action plan. Concussions involving a prolonged recovery or other special circumstances will be managed on an individual basis to best meet the needs of the student.

The full East Longmeadow Public Schools Policy/Protocol for Management of Sports Related Concussions can be found on the ELPS district website under the Health Services link.



Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess
the
situation

Be alert for
signs and
symptoms

Contact a
health care
professional

A Fact Sheet for Teachers, Counselors, and School Professionals

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Children and adolescents are among those at greatest risk for concussion. The potential for a concussion is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities. However, concussions can happen any time a student's head comes into contact with a hard object, such as a floor, desk, or another student's head or body. Proper recognition and response to concussion can prevent further injury and help with recovery.

THE FACTS:

- * All concussions are serious.
- * Most concussions occur without loss of consciousness.
- * Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion.
Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



What are the signs and symptoms of concussion?

The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. Be alert for any of the following signs or symptoms. Also, watch for changes in how the student is acting or feeling, if symptoms are getting worse, or if the student just “doesn’t feel right.”



SIGNS OBSERVED BY TEACHERS AND SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY THE STUDENT

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

What are concussion danger signs?

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

For more information and tool kits for youth sports coaches and high school coaches, visit www.cdc.gov/Concussion.

How can I recognize a concussion?

Teachers and school counselors may be the first to notice changes in their students. The signs and symptoms can take time to appear and can become evident during concentration and learning activities in the classroom.

Send a student to the school nurse, or another professional designated to address health issues, if you notice or suspect that a student has:

1. Any kind of forceful blow to the head or to the body that results in rapid movement of the head,
- and-
2. Any change in the student's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

What do I need to know about my students returning to school after a concussion?

Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, and parents, as s/he may need accommodations during recovery. If symptoms persist, a 504 meeting may be called. Section 504 Plans are implemented when students have a disability (temporary or permanent) that affects their performance in any manner.



What to look for after a concussion

When students return to school after a concussion, school professionals should watch for:

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Less ability to copy with stress or more emotional



Students who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent on the computer, reading, or writing.

Services and accommodations for students may include speech-language therapy, environmental adaptations, curriculum modifications, and behavioral strategies.

Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually.



✳ For more information on concussion and to order additional materials for school professionals **FREE- OF-CHARGE**, visit: www.cdc.gov/Concussion.